

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03913

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 10/16/44  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County...  
 City or town... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 129 W. Lanvale St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Larry Anderson

## 3. (b) Social Security Number

172-05-5254

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1918  
 8. (c) If alive, give age... years

## 8. AGE:

Years

Months

Days

If less than one day

27219

hrs.

min.

9. Birthplace... Darby, Pennsylvania  
 (Town, county, and state)

10. Usual occupation... Optical

## 11. Industry or business

## FATHER

12. Name... John Anderson  
 13. Birthplace... Lancaster Co., Pa.

## MOTHER

14. Maiden name... Susan Brinkley  
 15. Birthplace... York Co., Pa.

16. Informant... Deceased

## Address

17. Burial Date thereof May 1, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory

Greenwood Cemetery

## Location

Lancaster, Pa.

## 18. Funeral director

## Address

19. 4/19/45 19...  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 28 19... 45 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 16 19... 44, to April 28 19... 45.  
 and that I last saw him alive on April 28 19... 45.

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

9 Mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. EXAM

Address... State Sanatorium, Md. Date signed 4/28/45

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MAY 5 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

Mount Pleasant

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. Mount Pleasant

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

WALTER HOWARD BARTLETT

## 3. (b) Social Security Number

217-07-5077

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Myrtle M. Hartman7. Birth date of deceased (mo., day, yr.) October ?, 18838. AGE: Years 61 Months          Days          If less than one day          hrs.          min.9. Birthplace Nr. Lovettsville-Loudoun-Virginia  
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name John William Bartlett13. Birthplace Loudoun County Virginia14. Maiden name Alice P. Compher15. Birthplace Loudoun County Virginia16. Informant Mrs. V. Augustus StevensAddress Frederick, Maryland - R.F.D.#117. Burial 4/17/45

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 16 April 1945 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th, 1945, at 11P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1945 to April 13th 1945  
and that I last saw him alive on April 13th 1945Immediate cause of death CordicerepsyDue to MyocarditisOther conditions                                 

(Include pregnancy within 8 months of death)

Major findings of operations                                 Date of op.                                 Autopsy results                                 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide                                  Date of                                 Where did injury occur?                                  (City or town) (County) (State)Injured at home, farm, industry, public place (where?)                                 Means of Injury                                  Injured at work?                                 23. SIGNATURE A. H. Heggen M. D.Frederick, Maryland Date signed 4-16-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

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APR 19 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

Evidence for addition of  
usual residence of deceased

is shown on

FILM NO. G 97 JUN 1 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

## CERTIFICATE OF DEATH

03915  
Reg. Dist. No. 188

### 1. PLACE OF DEATH:

County Frederick  
City or town Plain no. 4 U.S. Rt. 40 Frederick Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Twelve hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Massachusetts County Worcester

City or town Worcester  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 12 Shamrock St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Alfred Arthur Battista 803-45-54

### 3. (b) Social Security Number

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife None

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.) 1 April 1922

8. AGE:

Years

Months

Days

If less than one day

22

0

23

hrs. min.

9. Birthplace Worcester, Massachusetts  
(Town, county, and state)

10. Usual occupation U.S. Navy

11. Industry or business Same

12. Name Thomas Battista

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Commanding Officer

Address Naval Unit, Camp Detrick

17. Removal

(Burial, cremation or removal, W)

Date thereof 24 April 1945  
(month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director Chambers Undertaking Establishment

Address 1400 Chapin St., NW, Washington, D.C.

19. 24 April 45  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 45, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw him live on April 24 19 45

Immediate cause of death

Fracture of rt. femur

DURATION

Due to

Internal injuries

Due to

Stroke

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of April 24 45

Where did injury occur? Place #4 Frederick Co. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Route # 40

Means of injury Auto Accident Injured at work? Yes

23. SIGNATURE

R. B. Barr Dept. Med. Hy.  
M. D. or other

Address Frederick Md Date signed 4.24.45

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MAY 3 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-77

## CERTIFICATE OF DEATH

03916

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County... Frederick

City or town... Unionville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... near Unionville  
(If outside city or town limits, write RURAL and give nearest town)

Street No...  
(If rural, give LOCATION)

2.(a) If veteran, name war... none

### 3. (a) FULL NAME

EMORY BIDDINGER

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Pearl Reese Pittinger

6.(c) If alive, give age... 50 years

7. Birth date of deceased (mo., day, yr.) March 12-1892

8. AGE: Years 52 Months 10 Days 29 It less than one day hrs. min.

9. Birthplace... Frederick County Md.  
(Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business... Farm

12. Name... John Adam Biddinger

13. Birthplace... Frederick Co. Md.

14. Maiden name... Ida Catherine Eaves

15. Birthplace... Davisville, Md.

16. Informant... Mrs. Emory Biddinger

Address... near Unionville, Md.

17. Burial Date thereof... April 11-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Lincolnton Cemetery

Location... Unionville Maryland

18. Funeral director... C. E. Cline and Son

Address... Frederick, Md.

19. 14 April 1945 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... April 11th. 1945 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1945 to April 11 1945

and that I last saw him alive on April 10 1945

Immediate cause of death... Cerebral Hemorrhage

DURATION

13 days

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

...Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... B. O. Thomas

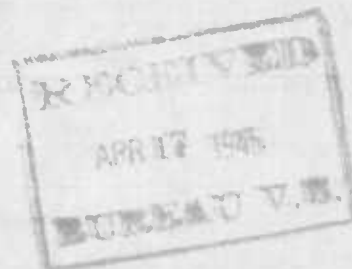
Address... Frederick, Md. M. D. or other

Date signed... 4/21/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



*W. B. O. Howard*



PLEASE WRITE PLAINLY, WITH UNFAINT INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

03917

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Walkersville-Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 years  
 Hospital, institution, or street address where death occurred:  
Near Walkersville  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Walkersville-Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Walkersville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ..... None

## 3. (a) FULL NAME

SHERIDAN LEROY BIDDINGER

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 4, 1918  
 6. (c) If alive, give age ..... years

## 8. AGE:

Years

Months

Days

If less than one day

27

1

28

hrs.

min.

8. Birthplace Libertytown-Frederick-Maryland  
 (Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

FATHER 12. Name J. Leslie Biddinger  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Carrie Munshower  
 15. Birthplace Frederick County Maryland

16. Informant J. Leslie BiddingerAddress Walkersville, Md. - Rural

17. Burial Date thereof 4/5/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel CemeteryLocation Near Libertytown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 3 April 1945 Elizabeth G. Heick  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 19 45 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 31st 19 45 to Apr 2nd 19 45  
 and that I last saw him alive on Apr 1st 19 45

Immediate cause of death

DURATION

Due to Broncho-Pneumonia 14 days

Due to .....

Other conditions Paralysis & Deformed  
from about 20 yrs.  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

Oris B. Stone  
Libertytown, Md  
 Address ..... Date signed Apr 2-45

M. D. or other

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED  
APR 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

Evidence for change of age is shown on

FILM No. G 95 JUN 1 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03918

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick

City or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war no

3. (a) FULL NAME

Laura Etta M. Bowlus

3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Daniel A. Bowlus

7. Birth date of deceased (mo., day, yr.) June 20, 1869 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 75 Months 76 Days 9 If less than one day 26 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Myersville Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Martin Witmer

13. Birthplace Unknown

14. Maiden name Roseann Swope

15. Birthplace Unknown

16. Informant Frank Fox

Address Braddock Heights, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof April 19, 1945  
(month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. April 19 19 45 Maie Gladhill  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 45, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 11 19 45, to April 16 19 45  
and that I last saw him alive on April 14 19 45

Immediate cause of death

Myocardial Infarction & Pulmonary Embolism

DURATION

4 days

Due to

Anemia resulting from

10 days

Due to

Chronic heart disease & Carcinoma of the

(3)

Other conditions Semibility

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE G. J. Price

M. D. or other

Address 4/19/45 Jeffersonville

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APR 30 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:  
County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 1/15/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 1/15/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Carroll  
City or town Westminster  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 37 Liberty St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... ✓

3.(a) FULL NAME  
Harry C. Brown  
3.(b) Social Security Number  
181-07-0679

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
B.(b) Name of husband or wife Irene G. Brown  
B.(c) If alive, give age 37 years  
7. Birth date of deceased (mo., day, yr.) August 19, 1907  
8. AGE: Years 37 Months 8 Days 7 If less than one day  
.....hrs. ....min.

9. Birthplace Westminster, Md.  
(Town, county, and state)  
10. Usual occupation Paper hanger and Painter  
11. Industry or business

FATHER 12. Name William H. Brown  
13. Birthplace Westminster, Md.  
MOTHER 14. Maiden name Mary Yingling  
15. Birthplace Baltimore, Md.

16. Informant Deceased  
Address

17. Burial Date thereof 4/30/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery Westminster  
Location Westminster, Md.

18. Funeral director David A. Bankard  
Address Westminster, Md.

19. 4/26/45 19. [Signature]  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 45 at 7:45 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 15 19 45 to April 26 19 45  
and that I last saw him alive on April 26 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 13 Mos.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op. ....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) .....  
Means of injury Injured at work?

23. SIGNATURE J. B. Lyn M. D. [Signature]  
Address State Sanatorium, Md. Date signed 4/27/45

MARGIN RESERVED FOR BINDING

VS A15

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RECEIVED STATE DEPARTMENT OF HEALTH

RECEIVED

MAY 5 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 mo 10 days  
 Hospital, institution, or street address where death occurred:  
The Denick City Hospital  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....md County.....Montgomery  
 City or town.....Pennsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....✓

## 3. (a) FULL NAME

Maion Burton

## 3. (b) Social Security Number

None

4. Sex.....Female  
 5. Color or race.....Wht  
 6.(a) Single, married, widowed, or divorced.....Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years.....67 Months..... Days.....  
 If less than one day..... hrs. .... min.

9. Birthplace.....Jennantown Md - St. 40  
(Town, county, and state)10. Usual occupation.....Housekeeper

11. Industry or business.....

12. Name.....William Burton13. Birthplace.....md14. Maiden name.....Mary Burton15. Birthplace.....md16. Informant.....Mrs H. G. KesslerAddress.....Pennsboro md17. (Burial, cremation, or removal. Which?).....BuriedDate thereof.....4/26/45  
(month) (day) (year)Cemetery or crematory.....FaithsburgLocation....."18. Funeral director.....James B. GachnerAddress.....Faithsburg md19. 24 April 1945.....Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Apr 24 1945 at 8:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 14 1945 to April 24 1945  
 and that I last saw him alive on April 24 1945

Immediate cause of death.....

Myocardial Infarction

Due to.....

Arteriosclerosis & heart failureOther conditions.....Brands - Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations.....None

Date of op.....

Autopsy results.....None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....A. A. Pearce M.D.Address.....Frederick, MdDate signed.....4/24/45



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APR 26 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17010

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FredrickCity or town Winchester  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

City Hospital, Fredrick mdHow long in hospital or institution? 1 hr

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County FredrickCity or town Winchester  
(If outside city or town limits, write RURAL and give nearest town)Street No. 324 - Highland Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Paul Dewey Campbell

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Bessie Clawson6. (c) If alive, give age 38 years7. Birth date of deceased (mo., day, yr.) July 25 19048. AGE: Years 40 Months 8 Days 11 If less than one day  
.....hrs. ....min.9. Birthplace Augusta Co. Virginia  
(Town, county, and state)10. Usual occupation Truck Driver

11. Industry or business

12. Name Erant Campbell13. Birthplace Augusta Co. Virginia14. Maiden name Liber Bailey15. Birthplace Augusta Co. Virginia16. Informant Mr Paul CampbellAddress 324 Highland Ave, Winchester, Va17. Burial Date thereof April 7 1945  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mt LebanonLocation Winchester, Virginia18. Funeral director Thomas B CampsAddress Winchester, Virginia19. April 7 1945 Elizabeth G. Heck  
(Date recd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1945 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on April 5 1945Immediate cause of death Crushing injury to left chest. DURATION 1 hr.Due to ShockDue to Auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-5-45Where did injury occur? Route 40 toward Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. W. Bau M. D. or otherAddress Fredrick, Md Date signed 4-5-45

UNITED STATES DEPARTMENT OF JUSTICE

BUREAU OF INVESTIGATION

RECEIVED

MAR 11 1945

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

03922

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FredenburgCity or town Fredenburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

Visitation CemeteryHow long in hospital or institution? 20 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredenburgCity or town Fredenburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. East 2nd St  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3.(a) FULL NAME

Mary Agnes Carroll (Sister Mary Gertrude)

## 3.(b) Social Security Number

none

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Oct 19 1907

8. AGE:

Years

Months

Days

If less than one day

37520

hrs.

min.

9. Birthplace

Wilmington, Del.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

John Carroll

13. Birthplace

unknown

MOTHER

14. Maiden name

Catherine C. McDaniel

15. Birthplace

unknown

16. Informant

Mother Mary Fidalar

Address

Visitation Cemetery

17.

Burial

Date thereof

4/10/45

(Burial, cremation, or removal. Which?)

Cemetery or other place

Visitation Cemetery

Location

Fredenburg MD

18. Funeral director

Harry E. Carty Co

Address

Fredenburg, Md.

19.

April19 45

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 45 at Non M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 45 to April 8 19 45  
and that I last saw him alive on April 8 19 45

Immediate cause of death

Pulmonary tuberculosis, 1 year

DURATION

Due to

Due to

Other conditions

acute myocarditis 3 weeks

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm M. Smith M.D.

M. D. or other

Address

Fredenburg, MD

Date signed

4-9-45

UNITED STATES DEPARTMENT OF HEALTH

Public Health Service

CERTIFICATE OF DEATH

State of New York

County of New York

State of New York

ED

MAR 11 1945

BUREAU V.S.

RECEIVED

MAR 11 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CERTIFICATE OF DEATH

03923

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town 27 East Third St - Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 16 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 27 East Third St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

3. (a) FULL NAME Mrs. Emma Frances Cottrell

3. (b) Social Security Number  
No

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles C. Cottrell

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1857 8. (c) If alive, give age..... years

8. AGE: Years 88 Months 1 Days 22 If less than one day..... hrs. .... min.

9. Birthplace Marysville Frederick County Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Leading Role

12. Name Unknown

13. Birthplace Germany

14. Maiden name Germany

15. Birthplace Germany

16. Informant Mrs. Katherine Cottrell

Address Frederick Md

17. Burial (Burial, cremation, or removal of remains) Burial Date thereof Apr. 3 1945  
 (month) (day) (year)

Cemetery or Reformed Cemetery

Location Middletown, Md.

18. Funeral director G. Ledwell Co

Address Middletown, Md.

19. 3 - April 19 45 Eligible to Sign  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 19 45, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 45 to April 3 19 45

and that I last saw her alive on April 3 19 45

Immediate cause of death..... DURATION

Chronic degenerative

Due to Alcoholism

Due to.....

Other conditions.....

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APR 7 1945  
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montg.City or town Dawsonville

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(c) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Darby, Mr. Edward

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

(?) 1869

## 8. AGE:

Years

Months

Days

If less than one day

76

hrs.

min.

9. Birthplace Dawsonville, Montg. Md.

(Town, county, and state)

## 10. Usual occupation

Retired farmer

## 11. Industry or business

FATHER

## 12. Name

Laurence A. Darby

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Sallie Anna Chiswell

## 15. Birthplace

Maryland

## 16. Informant

Roger Darby

## Address

Rhyle Maryland

## 17.

(Burial, cremation, or removal, Which?)

Date hereof

14 10 45

## Cemetery or crematory

Monocacy

## Location

Bealeville Md.

## 18. Funeral director

Com. B. Nelson

## Address

Barnesville Md.

## 19.

(Date rec'd by registrar)

8 April 19 45Elizabeth G. Hach

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 819 45 at 2:50 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 17 19 45 to April 8 19 45and that I last saw him alive on April 8 19 45

## Immediate cause of death

Cerebral thrombosis

## DURATION

1 hr.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

A. Austin Pearce, M.D.

M. D. or other

## Address

Frederick, Md.

Date signed

4/8/45



UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

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MAR 11 1945

BUREAU OF



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 5 days

## 3. (a) FULL NAME

George W. Demmitt4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife Mary E. Demmitt7. Birth date of deceased (mo., day, yr.) Feb 22, 18628. AGE: Years 83 Months 1 Days 12 If less than one day hrs. min.9. Birthplace MD  
(Town, county, and state)10. Usual occupation Dentist11. Industry or business Henry Demmitt12. Name Henry Demmitt13. Birthplace MD14. Maiden name Catherine Rinehart15. Birthplace MD16. Informant Mrs Raymond DavidsonAddress Taneytown MD17. Burial April 6, 1945  
(Burial, cremation, or removal) Which? Date thereof (month) (day) (year)Cemetery or place of interment LutheranLocation Taneytown, MD18. Funeral director Left Huss & SonAddress Taneytown MD19. April 6 19 45 Elizabeth B. Hark  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarrollCity or town Taneytown  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2. (a) If veteran, name war 

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 19 45, at 4:27 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on April 3 19 45Immediate cause of death Compd fractureof rt leg - fracture

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 11 1945

BUNYAT

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:  
County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 3/26/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 3/26/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Baltimore  
City or town Relay  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1534 Rolling Rd.  
(If rural, give LOCATION)  
2.(a) If veteran, name war ☒

### 3.(a) FULL NAME

Frank Domeier

### 3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1896 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 49 Months 2 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name Henry L. Domeier

13. Birthplace Baltimore, Md.

14. Maiden name Elizabeth Eckers

15. Birthplace Baltimore, Md.

16. Informant Deceased

Address

17. Burial 4/6/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Loudon Park

Location Baltimore, Md.

18. Funeral director Wm. J. Tickner & Sons

Address North Ave. & Penna., Balto., Md.

19. 4/4/45 19 \_\_\_\_\_ Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 19 45 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 19 45 to April 3 19 45  
and that I last saw him alive on April 3 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 1 Yr.

Due to

Due to

Other conditions Tuberculosis of hip (left) 20 Yrs.  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. [Signature]

Address State Sanatorium, Md. Date signed 4/4/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03925

LABORATORY OF HEALTH

RECEIVED

APR 10 1985

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of usual residence of deceased is shown on

FILM NO. G 97 JUN 1 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

### 1. PLACE OF DEATH:

County Frederick

City or town Plane no. 4 U.S. Rt. 40, Frederick, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Twelve hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County ---

City or town Hopewell  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 104 South 4th St.  
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

### 3.(a) FULL NAME

Paul Polichon Douglas ~~12-22-22~~

### 3.(b) Social Security Number

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) 22 December 1922 8.(c) If alive, give age 22 years

8. AGE: Years 22 Months 3 Days 24 It less than one day --- hrs. --- min.

9. Birthplace Hopewell, Virginia  
(town, county, and state)

10. Usual occupation U.S. Navy

11. Industry or business Same

12. Name Stavros Doulis

13. Birthplace Unknown

14. Maiden name Barbara Saponjoglou

15. Birthplace Unknown

16. Informant Commanding Officer

Address Naval Unit, Camp Detrick

17. Removal Date thereof 24 April 1945  
(Burial, cremation, or removal. Write) (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director Chambers Undertaking Establishment

Address 1400 Chapin St., NW, Washington, D.C.

19. 24 April 19 45 Lucian K. Fabian  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 45 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19 --- to --- 19 ---  
and that I last saw him on April 24 19 45

Immediate cause of death

Internal injuries  
Fracture of rib  
Stroke, hemorrhage

DURATION

minutes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of April 24 45

Where did injury occur? Plane # 4, Fredrick, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Plane # 40 U.S.

Means of injury Auto accident Injured at work? 945 IN LIVE 7

23. SIGNATURE P.W. Bauer M. D. or other

Address Frederick, Md. Date signed April 24 45

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MAY 3 1945

BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03927

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/2/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/2/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3014 Raynor Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3.(a) FULL NAME

John F. Driscoll

## 3.(b) Social Security Number

214 -01-9883

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of ~~husband~~ wife Anna Driscoll  
 6.(c) If alive, give age 40 years  
 7. Birth date of deceased (mo., day, yr.) January 15, 1899  
 8. AGE: Years 46 Months 2 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Special Police

## 11. Industry or business

FATHER 12. Name William Henry Driscoll  
 13. Birthplace Ireland  
 MOTHER 14. Maiden name Elizabeth Birmingham  
 15. Birthplace Ireland

16. Informant Mrs. Anna Driscoll (wife)  
 Address 3014 Raynor Ave., Balto., Md.

17. Burial 4/7/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery ~~known~~ New Cathedral  
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. 4/4/45 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 19 45 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 45 to April 4 19 45  
 and that I last saw him alive on April 4 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 4 Mos.

Due to Laryngeal Tuberculosis 4 Mos.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J.B. Driscoll M. D. ~~Driscoll~~  
 Address State Sanatorium, Md. Date signed 4/4/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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RECEIVED BY THE NATIONAL ARCHIVES

RECEIVED

APR 10 1946

BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1950

03928

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 day  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Howard  
City or town... Florence  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... R.D. \* Woodbine  
(If rural, give LOCATION)  
2.(a) If veteran, name war. ✓

3. (a) FULL NAME  
RICHARD B. DUVALL

3. (b) Social Security Number  
219-07-8819

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Margaret A. Duvall

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 27, 1886

8. AGE: Years 59 Months 0 Days 1 If less than one day hrs. min.

9. Birthplace Howard Co. Maryland  
(Town, county, and state)  
Farm Laborer

10. Usual occupation

11. Industry or business

12. Name Edward S. Duvall

13. Birthplace Maryland

14. Maiden name Catherine Young

15. Birthplace Maryland

16. Informant Mrs. Margaret A. Duvall

Address Woodbine, Md.

17. Burial Date thereof 5--1--45  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Jennings Chapel

Location Florence, Howard Co. Md.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. 30 April 19 45- Elizabeth G. Heck

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH April 28 19 45 at 7 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Saw him die April 27, 19 45 to 19

and that I last saw him alive on April 27-45 19

Immediate cause of death Tetanus

Due to Traumatic injury to face about April 18-45

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? New Florence Howard Co. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Unable to obtain facts at this time

Means of Injury Struck by piece of wood Injured at work?

23. SIGNATURE R. B. Duvall Deputy Medical Examiner D. or other

Address Frederick, Md. Date signed 4/28/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED  
MAY 1 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/22/44  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/22/44

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 622 Dunbarton Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Royce Erdman

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife .....

6. (c) If alive, give age ..... years

## 7. Birth date of deceased (mo., day, yr.)

May 20, 1907

## 8. AGE:

Years

Months

Days

If less than one day

37

11

4

hrs.

min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

## 10. Usual occupation

Nurse

## 11. Industry or business

FATHER

## 12. Name

Leroy Erdman

## 13. Birthplace

Baltimore, Maryland

MOTHER

## 14. Maiden name

Coria LaCompt

## 15. Birthplace

Baltimore, Maryland

## 16. Informant

Deceased

## Address

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 45, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 22 19 44, to April 24 19 45  
 and that I last saw her alive on April 24 19 45.

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

11 Yrs.

## Due to .....

## Due to .....

## Other conditions .....

(Include pregnancy within 3 months of death)

## Major findings of operations .....

Date of op. ....

## Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? .... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

## 23. SIGNATURE

J. B. Lyon

M. D. ~~xxxx~~Address State Sanatorium, Md. Date signed 4/25/45

RECEIVED

MAY 5 1945

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 03930 31

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life time  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 3 weeks

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 15 E. 2nd St.  
(If rural, give LOCATION)  
2(a) If veteran, name war none

### 3. (a) FULL NAME

Mary R. Fisher

### 3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Willie E. Fisher  
7. Birth date of deceased (mo., day, yr.) May 11-1858 6. (c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 86 Months 11 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County - Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name David S. Reifsnider

13. Birthplace Frederick Co. Md.

14. Maiden name Susan Shoemaker

15. Birthplace Frederick Co. Md.

16. Informant M. R. E. Fisher

Address Frederick - Md.

17. Burial Burial Date thereof 4-30-45  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or Mount Olivet Cemetery

Location Frederick - Md.

18. Funeral director C. E. Cline and Son

Address Frederick - Md.

19. 30 April 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1945 at 11:25 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 15 1945 to Apr 28 1945  
and that I last saw her alive on Apr 28 1945

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. P. Lymn M. D. or other \_\_\_\_\_

Address Frederick - Md. Date signed Apr 30 - 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED

MAY 1 1945

BUREAU V.S.

*Mr. E. P. Johnson*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 720

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Schmucker HospitalHow long in hospital or institution? 5 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Rural Eldersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

David Charles Flook

## 3.(b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Nena Hemp

## 7. Birth date of

deceased (mo., day, yr.)

March 23, 1879

8.(c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

66—15

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## FATHER

## 12. Name

William Snively Flook

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Emma Jane Renu

## 15. Birthplace

Maryland

## 16. Informant

Mrs Nena Hemp Flook

## Address

Brunswick Md.

## 17.

(Burial, cremation, or removal, which?)

Date thereof

Apr. 10, 1945  
(month) (day) (year)

## Cemetery or crematory

St. Marks

## Location

near Eldersville Md.

## 18. Funeral director

C. H. Zuter Bros

## Address

Brunswick Md.

## 19.

(Date rec'd by registrar)

19

45Emma Mather -  
Registar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 81945 at 10:11 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1945 to April 8 1945and that I last saw him alive on April 8 1945

## Immediate cause of death

Cerebral

## DURATION

5 days

## Due to

Decompensated

## Due to

heart10 yrs

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

William Snively Flook M.D.  
Address Brunswick Md. Date signed April 8, 1945



RETURN TO THE U.S. STATE DEPARTMENT

RECEIVED

RECEIVED

APR 24 1945

BUREAU U.S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03932

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? 4 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick~~City or town~~ Frederick - Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE FREDERICK FUEGEL

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Anna E. Lobert

7. Birth date of deceased (mo., day, yr.)

May 21, 1868

6. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

761020

..... hrs. .... min.

9. Birthplace Catonsville-Baltimore-Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

FATHER

12. Name John Fuegel

13. Birthplace

Germany

MOTHER

14. Maiden name Augusta Geidel

15. Birthplace

Germany18. Informant I. O. O. F. Home RecordsAddress Frederick, Md. R. F. D. #117. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/19/45

(month) (day) (year)

Cemetery or crematory Loudon Park CemeteryBaltimore, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Address Frederick, Maryland

19.

(Date rec'd by registrar)

18 AprilElizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 45, at 4:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1945, to April 17, 1945and that I last saw him alive on April 17, 1945

Immediate cause of death

Cerebral Vascular Disease

DURATION

2 weeks

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Anti-PassM. D.

M. D. or other

Address Frederick, MarylandDate signed 4-18-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 20 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03933/31

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 years  
 Hospital, institution, or street address where death occurred:  
17 West Third Street  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 17 West Third Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

CURTIS GEISER

## 3. (b) Social Security Number

214-10-2029

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, ~~divorced~~  
Married

6. (b) Name of husband or wife Minnie A. Geiser

7. Birth date of deceased (mo., day, yr.) March 2, 1870  
 6. (c) If alive, give age 74 years

8. AGE: Years 75 Months 1 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... York, Pennsylvania  
 (Town, county, and state)

10. Usual occupation... Brush Factory Worker11. Industry or business II

FATHER 12. Name Anthony Geiser  
 13. Birthplace York, Pennsylvania

MOTHER 14. Maiden name Theresa Glassinger  
 15. Birthplace York, Pennsylvania

16. Informant Mrs. Curtis Geiser  
 Address Frederick, Maryland

17. Burial (Burial, cremation, or removal, whichever) Date thereof April 26, 1945  
 (month) (day) (year)  
 Cemetery or crematory St. Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 26 April 1945 Elizabeth G. Heale  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1945, at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5th 1945 to April 23, 1945  
 and that I last saw him alive on April 23d, 1945

Immediate cause of death... Angina pectoris DURATION 1 1/2 hr.

Due to acute endocarditis 8 daysDue to lymphangitis due to infection through abrasions 1 week

Other conditions on shin - possible contributory cause  
 (Include pregnancy within 8 months of death)

Major findings of operations... Date of op. \_\_\_\_\_

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of...  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE C. H. Conley  
C. H. Conley, M.D.  
 Address Frederick, Md. Date signed 4/25/45

STANDARD TO THE UNITED STATES OF AMERICA

Do. Conley

STANDARD TO THE UNITED STATES OF AMERICA

RECEIVED  
APR 27 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

## CERTIFICATE OF DEATH

03934

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick (rural)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred:

Montvue - County HomeHow long in hospital or institution? 9 yrs.

## 3. (a) FULL NAME

ANDREW GILBERT

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick (rural)  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 18-1866

8. AGE:	Years	Months	Days	If less than one day
	79	0	21	..... hrs. .... min.

9. Birthplace Annapolis, Maryland  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Farm12. Name John Gilbert13. Birthplace Don't know14. Maiden name Margaret ? Gilbert15. Birthplace Don't know16. Informant Records of MontvueAddress Frederick, Maryland17. Burial Date thereof April 17-1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Montvue CemeteryLocation East of Frederick, Md.18. Funeral director C.E. Cline and SonAddress Frederick, Md.19. 17 April 19 45 Elizabeth L. Hesch  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th. 19 45 at 9 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1944 to April 15, 1945and that I last saw him alive on April 14, 1945

Immediate cause of death

DURATION

SenilityDue to Arteriosclerosis Duration UnknownDue to Chronic

Due to

Other conditions Exhaustion

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Lawrence Fahreny MDAddress Frederick Md Date signed 4-16-45

RECEIVED  
APR 19 1945  
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03935 137

## 1. PLACE OF DEATH:

County Ind. R.  
 City or town Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17th 15 days  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State MD County Ind. R.  
 City or town Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Araron Green

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced unmarried6. (b) Name of husband or wife Anna V. Green7. Birth date of deceased (mo., day, yr.) 1849 - 4 - 7 6. (c) If alive, give age 73 years8. AGE: Years 86 Months 3 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Carrollton, Md. (Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Isaac Green13. Birthplace Md.14. Maiden name Mrs. Nancy Leppo15. Birthplace Md.16. Informant Mrs. Araron GreenAddress Libertytown Md17. Burial Date thereof 4/13/45  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mt. Pleasant CemeteryLocation York, Md.18. Funeral director J. Francis ReeseAddress 21 Westminster Md19. Apr 10 19 45 W. D. Curfman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 10 19 45 at 7:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. - 19 44 to Apr. 10 19 45and that I last saw him alive on Apr. 5 19 45

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cerebral Hem. 18 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Era M. Beall, M.D. M. D. or other \_\_\_\_\_Address Libertytown Date signed 4/10/45



*Carpenter*

REC-1  
MAY 1 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

## CERTIFICATE OF DEATH

03936  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Edward Barcome Grove

7. Birth date of

deceased (mo., day, yr.)

December 28, 1894

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

50413

hrs.

min.

9. Birthplace

Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

Samuel Abraham Boring

12. Name

Frederick County, Maryland

13. Birthplace

Frederick County, Maryland

14. Maiden name

Barcome

15. Birthplace

Frederick County, Maryland

16. Informant

Emergency Hosp. Frederick, Md.

Address

Frederick, Md.

17. (Burial, cremation, or removal, which)

Burial

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

C. E. Gline and Son

Address

Frederick, Md.19. 12 April 1945

(Date rec'd by registrar)

Elizabeth G. Hech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 401 A. West Smith

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10, 1945 6 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 1945 to Apr 10, 1945and that I last saw him alive on Apr 10, 1945

Immediate cause of death

Coronary Arteriosclerosis

DURATION

1 1/2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Kline M.D.Address Frederick, Md.Date signed Apr 10, 1945

UNITED STATES DEPARTMENT OF HEALTH

CENTRO DE INVESTIGACIONES

RECEIVED

APR 16 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH: Frederick  
 County Myersville Rural  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 58 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
Maryland Frederick  
 State Myersville - Rural  
 County  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 Street No. (If rural, give LOCATION)  
 2.(a) If veteran, name war No

3. (a) FULL NAME Martha Ellen Grossmickle

3. (b) Social Security Number  
NONE

4. Sex Female  
 5. Color or race White  
 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife C. Livingston Grossmickle  
 6. (c) If alive, give age 88 years  
 7. Birth date of deceased (mo., day, yr.) Apr. 16, 1865

8. AGE: Years 79 Months 11 Days 22 If less than one day  
 hrs. min.

9. Birthplace Sevinston, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel L. Leatherman  
 13. Birthplace Sevinston, Md.

MOTHER 14. Maiden name Lavinia Michael  
 15. Birthplace Sevinston, Md.

16. Informant Paul Grossmickle  
 Address Myersville, Md.

17. (Burial, cremation, or removal. Which) Burial Date thereof Apr. 10, 1945  
 (month) (day) (year)

Cemetery or crematory Grossmickle Church  
 Location Myersville, Md. Rural

18. Funeral director W. L. Ladd  
 Address Middleton, Md.

19. April 14 1945 S. L. Leatherman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 1945 at 7A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 19 to Apr. 9 1945  
 and that I last saw her alive on Mar. 28 1945

Immediate cause of death Coronary Occlusion  
 (suddenly)

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of

Where did injury occur Home (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. E. Harp Kend  
 Address Middleton Date signed 4-10-45

RECEIVED  
JUN 6 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-2

## CERTIFICATE OF DEATH

03938 139  
Reg. Dist. No. ....

1. PLACE OF DEATH:  
County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?... Since 4/11/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution?... Since 4/11/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County...  
City or town... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 1128 W. Hamburg St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war... ☒

### 3. (a) FULL NAME

Henry Hale

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
B.(b) Name of husband or wife...  
B.(c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.) November 20, 1880  
8. AGE: Years 64 Months 5 Days 3 If less than one day  
...hrs. ...min.

B. Birthplace... Baltimore, Maryland  
(Town, county, and state)  
10. Usual occupation... Candy maker  
11. Industry or business  
MOTHER FATHER  
12. Name... Andrew Hale  
13. Birthplace... Germany  
14. Maiden name... Minnie Long  
15. Birthplace... Baltimore, Maryland

16. Informant... Deceased  
Address  
17. Burial Date thereof... 4/27/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery... New Cathedral  
Location... Baltimore, Maryland  
18. Funeral director... John J. Cowan  
Address... Baltimore, Maryland  
19. (Date rec'd by registrar) 19... Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH... April 23 19... 45 at... 11:10 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 11 19... 45 to April 23 19... 45  
and that I last saw him alive on... April 23 19... 45

Immediate cause of death...  
Pulmonary Tuberculosis  
DURATION  
3 Mos.  
Due to...  
Due to...  
Other conditions...  
(Include pregnancy within 8 months of death)

Major findings of operations...  
Date of op. ....

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE... D. D. Lynn M. D. other  
Address... State Sanatorium, Md. Date signed... 4/23/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED

MAY 2 1945

BUREAU V S



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/28/43  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/28/43

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegheny  
City or town Cumberland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Queen City Hotel  
(If rural, give LOCATION) ✓  
2.(a) If veteran, name war

### 3.(a) FULL NAME

George Francis Helfrich

### 3.(b) Social Security Number

705-07-9551

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1890 8.(c) If alive, give age years

8. AGE: Years 54 Months 4 Days 9 If less than one day hrs. min.

8. Birthplace Cumberland, Md.  
(Town, county, and state)

10. Usual occupation Brakeman, B&O R.R.

11. Industry or business

12. Name John Henry Helfrich

13. Birthplace Cumberland, Md.

14. Maiden name Florence Smeltzer

15. Birthplace West Virginia

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/10/45  
(month) (day) (year)

Cemetery St. Peter's and Paul's

Location Cumberland, Maryland

18. Funeral director John J. Hafer

Address Cumberland, Maryland

19. 4/9/45 19 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 45 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 19 43 to April 7 19 45  
and that I last saw him alive on April 7 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 3 1/2 Yrs.

Due to Tuberculous Enteritis 4 Mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. B. Lipp M. D. H. H. H. H.

Address State Sanatorium Md. Date signed 4/9/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 17 1945

BUREAU V S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

## CERTIFICATE OF DEATH

Reg. Dist. No. 03940 141

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Brownsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 days  
 Hospital, institution, or street address where death occurred:  
Schnauffer Hospital  
 How long in hospital or institution? 12 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Capland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Capland  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None ✓

## 3. (a) FULL NAME

Floyd Allen Halder

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mrs. Marie Halder

7. Birth date of deceased (mo., day, yr.) August 31 - 1899 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 45 Months 8 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Winton Wash. Co. Md  
 (Town, county, and state)

10. Usual occupation car repair work

11. Industry or business Baltimore & Ohio R.R.

12. Name Richard Halder

13. Birthplace near Brownsville Wash. Co. Md

14. Maiden name Belle West

15. Birthplace near Brownsville Wash. Co. Md

16. Informant Mrs. Marie Halder

Address Capland Md.

17. Burial Date thereof April 17, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of the Brethren Center

Location Brownsville Md.

18. Funeral director Rev. J. Best Sons

Address Brownsville Md

19. April 16 1945 Emma Mattheis  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1945, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1945, to April 14 1945

and that I last saw him alive on April 14 1945

Immediate cause of death Pulmonary embolism DURATION \_\_\_\_\_

Due to Cholelithiasis April 6-15

Due to Hypertension of Fall Blotch

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Hypertension of Fall Blotch

Cholelithiasis Date of op. April 6-45

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William Schnauffer

M. D. or other \_\_\_\_\_

Address \_\_\_\_\_ Date signed April 16-45

RECEIVED  
APR 24 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
age of deceased is shown on  
FILM No. G 95 MAY 29 1945

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03941

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 9 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 109 South Market Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

LILLIAN LUCINDA HOOVER

## 3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M8. (b) Name of husband or wife Wilbur N. Hoover6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) May 14, 1896-18938. AGE: Years 51 -50- Months 10 Days 24 If less than one day  
.....hrs. ....min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Charles J. Riehl13. Birthplace Frederick County Maryland14. Maiden name Addie L. Davis15. Birthplace Martinsburg, West Virginia16. Informant Mr. Wilbur N. HooverAddress 109 S. Market St., Frederick, Md.17. Burial Date thereof 4/10/45  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son

16. Funeral director

Address Frederick, Maryland19. 9 April 19 45 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th, 19 45, at 2:50A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 19 43 to April 8 19 45  
and that I last saw her alive on April 7 19 45Immediate cause of death Hypertensive  
Cardio-Vascular-Renal  
10 years

## DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Howard W. Ark M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-9-45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

REPORT OF PHYSICIAN

NAME OF PATIENT

DATE

RESIDENCE

AGE

SEX

RECEIVED

MAR 11 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03942

Reg. Dist. No.

## 1. PLACE OF DEATH:

County... FrederickCity or town... Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MarylandCity or town... Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Madison St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Clyde Orville Johnson

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (b) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Isabella Etyler

7. Birth date of

deceased (mo., day, yr.)

Dec. 11, 1896

6. (c) If alive, give age

46 years

8. AGE:

Years

Months

Days

It less than one day

48327

hrs.

min.

9. Birthplace

Unionbridge Md.

(Town, county, and state)

10. Usual occupation

Automobile mechanic

11. Industry or business

Proprietor of Garage

FATHER

12. Name

William Johnson

13. Birthplace

Carroll Co. Md.

MOTHER

14. Maiden name

Mae Six

15. Birthplace

Md.

16. Informant

Mrs. Clyde O. Johnson

Address

Libertytown Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Apr. 10, 1945

(month) (day) (year)

Cemetery or crematory

Fairmount

Location

Libertytown Md.

18. Funeral director

Buwalda & Hartzler

Address

Woodboro, Md.

19.

(Date rec'd by registrar)

19.

W. D. Cochran

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8, 1945 at 5:59 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1945 to April 1945and that I last saw him on April 7, 1945

Immediate cause of death

Ischemic heart disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. A. Mueser, M.D.

M. D. or other

Address

Johns City, Md.

Date signed

Apr 9, 1945



UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED  
MAY 1 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19129

## CERTIFICATE OF DEATH

03943

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 302 West Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS. ELEANOR ANN KEYSER

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife George H. Keyser  
 7. Birth date of deceased (mo., day, yr.) August 27, 1949 6.(c) If alive, give age 80 years  
 8. AGE: Years 75 Months 8 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick, Frederick Co., Maryland  
 (Town, county, and state)

10. Usual occupation Retired Housekeeper

11. Industry or business None

FATHER 12. Name Frederick William Faelke  
 13. Birthplace Germany

MOTHER 14. Maiden name Mrs. Galsendanner  
 15. Birthplace Frederick, Maryland

16. Informant George H. Keyser  
 Address Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 7, 1955  
 (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
Frederick, Maryland  
 Location \_\_\_\_\_

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 30 April 1945 Elizabeth V. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1945, at 6:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1937 to April 29 1945  
 and that I last saw him alive on April 29 1945

Immediate cause of death Coronary & Vascular  
Renal Disease

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Exhaustion

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

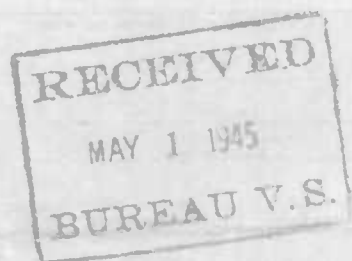
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE H. Lawrence Fahmy MD

Address Frederick Md Date signed 4-30-45

Dr. February



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County... Frederick  
City or town... Frederick City Hospital  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
The Frederick City Hospital  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Montgomery  
City or town... Catheterburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... R. 2 D. T.  
(If rural, give LOCATION)  
2.(a) If veteran, name war... none

### 3. (a) FULL NAME

King Mrs Della W.

### 3. (b) Social Security Number

none

4. Sex... Female 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married

6. (b) Name of husband or... James R. King  
6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)... March 1 - 1879

8. AGE: Years... 66 Months... 1 Days... 25 If less than one day... hrs... min...

9. Birthplace... Montgomery Co. Ind.  
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... John R. Woodfield

13. Birthplace... Maryland

14. Maiden name... Nettie Young

15. Birthplace... Maryland

16. Informant... G. W. D. Apple

Address... Catheterburg Ind.

17. Burial... Date thereof... April 28 - 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mesley Grove

Location... Woodfield Ind.

18. Funeral director... R. R. Hall

Address... Damascus Ind.

19. 26 April 1945 Elizabeth G. Hecks. Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH... April 26 19... 45 at... 7:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from... April 21 19... 45 to... April 26 19... 45  
and that I last saw him alive on... April 26 19... 45

Immediate cause of death... Myocardial Infarction

Due to... Chronic disease

Due to... Heart Disease

Other conditions... Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations... none

Date of op...

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... A. Austin Pease M.D.

Address... Frederick, Md. Date signed... 4/26/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

STATE OF TEXAS

RECEIVED  
APR 30 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 141d

03945

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Prince Georges  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Wash. D.C. - County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1401 18th S.W. Wash. D.C.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Virginia E Koehler

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

EU

## 6. (a) Single, married, widowed, or divorced

Divorced

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

July 29 1921

## 8. (c) If alive, give age

## 8. AGE:

Years

Months

Days

If less than one day

23816

hrs.

min.

## 9. Birthplace

Boston Mass.

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER

## 12. Name

John R. Reid

## 13. Birthplace

Wash. D.C.

## 14. Maiden name

Elvis Houston

## 15. Birthplace

Massachusetts

## 16. Informant

Wm. Reid

## Address

228 West Glebe Rd. Alexandria Va.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

April 10 1945

## Cemetery or crematory

## Location

Washington D.C.

## 18. Funeral director

C. H. Fute & Son

## Address

Brunswick Md.

## 19.

(Date rec'd by registrar)

19 45Emma Martin

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 45 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead on April 9 19 45

## Immediate cause of death

Shock

## DURATION

1 hour

## Due to

Instrumental abortion1 hr.

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

P. W. Bow

M. D. or other

## Address

Fredrick

Date signed

4.9.45

RECEIVED  
APR 18 1945  
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Fredrick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fredrick  
 City or town Fredrick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. West 2nd Street  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## 3. (a) FULL NAME

Cora M. Koogle

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1871

8. AGE: Years Months Days It less than one day

74 1 19 hrs. min.9. Birthplace Fredrick Md  
(Town, county, and state)10. Usual occupation Seamstress

11. Industry or business

12. Name George Koogle13. Birthplace Myersdale Md14. Maiden name Mary J. Kailor15. Birthplace Fredrick Co16. Informant Mar. MascherAddress Fredrick Co17. Burial Date thereof 4/17/45  
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Fredrick Md18. Funeral director Harry E. Gentry CoAddress Fredrick, Md.19. 16 April 1945  
(Date read by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1945 at 9:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st 1945 to April 14 1945and that I last saw him alive on April 14 1945

Immediate cause of death

Cerebral Hemorrhage

Due to

Arteriosclerosis

Due to

Excessive drinking ofWhisky

(Include pregnancy within 8 months of death)

Major findings at operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. Curtis Pease M.D.  
M. D. or otherAddress Fredrick, Md Date signed 4/14/45

RECEIVED  
APR 19 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

## CERTIFICATE OF DEATH

Reg. Dist. No. 13141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 Years  
 Hospital, institution, or street address where death occurred:  
Near Brunswick  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Brunswick  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

JOHN R. LLOYD

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 26, 1887 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 57 Months 7 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation County Constable

11. Industry or business

12. Name John W. Lloyd  
 13. Birthplace Loudoun County Virginia

14. Maiden name Alma C. Hemp  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Ella M. Ruble  
 Address Brunswick, Md. R. F. D. #

17. Burial 5/1/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Reformed Cemetery  
 Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. May 1 - 19 45  
 (Date rec'd by registrar) Registrar E. M. Martin

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 27 19 45 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on April 28 19 45

Immediate cause of death Renal failure, shock DURATION 5 min.

Due to Shot gun wounds  
7 face neck & hand suicide

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide suicide Date of 4.27.45  
 Where did injury occur? Near Brunswick, Frederick Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) same

Means of Injury Shot gun Injured at work? no

23. SIGNATURE R. W. Baur M. D. or other

Address Frederick Md. Date signed 4.30.45

RECEIVED  
MAY 2 1965  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03947

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 MonthsHospital, institution, or street address where death occurred:  
Moser Nursing HomeHow long in hospital or institution? 9 Months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Mount Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) if veteran, name war \_\_\_\_\_ None ✓

## 3. (a) FULL NAME

MINNIE MELLISSIA MINNICK

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <u>Single, married, widowed, or divorced</u> <u>W</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife Elmer Minnick

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) September 4, 1872

8. AGE:	Years	Month	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>12</u>	_____ hrs. _____ min.

9. Birthplace Libertytown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name W. E. T. Smith13. Birthplace Frederick County Maryland14. Maiden name Laura Hallar15. Birthplace Frederick County Maryland16. Informant Mrs. Mildred C. NorwoodAddress Mount Airy, Maryland17. Burial Date thereof 4/18/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Pine Grove CemeteryLocation Mount Airy, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 16 April 45 Elizabeth S. Heck  
(Date rec'd by registrar) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th, 19 45, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 19 45 to April 16 19 45and that I last saw him alive on April 16 19 45

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. Arthur Pearce M. D.

M. D. or other \_\_\_\_\_

Address Frederick, Maryland Date signed 4-16-45

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED  
APR 19 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03948139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/18/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/18/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince George  
 City or town Hillside  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5604 O St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3.(a) FULL NAME

Alfred Mullen

## 3.(b) Social Security Number

577-10-5590

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
<u>Male</u>	<u>White</u>	<u>Married</u>	

6.(b) Name of husband or wife Hiltrude Mullen  
 6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) January 30, 1903

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>3</u>	<u>0</u>	.....hrs. ....min.

9. Birthplace Cambridge, Mass.  
 (Town, county, and state)

10. Usual occupation Truck driver

11. Industry or business

12. Name Robert Mullen

13. Birthplace Massachusetts

14. Maiden name Ella Hughes

15. Birthplace Massachusetts

16. Informant Deceased

Address Bureau

17. (Burial, cremation, or removal. Which?) Burial Date thereof May 1945  
 (month) (day) (year)

Cemetery or crematory Adams Hill Cemetery

Location Unknown Washington, D.C.

18. Funeral director W. H. Chambers

Address 517-11 1st St SE, Wash DC

19. 5/1/45 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 45, at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 19 45, to April 30 19 45, and that I last saw him alive on April 30 19 45.

Immediate cause of death Pulmonary Tuberculosis DURATION 2 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. B. Ryan M. D. [Signature]  
 Address State Sanatorium, Md. Date signed 4/30/45



RECEIVED

MAY 5 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

03949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Frederick  
City or town Mt. Airy  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Stay in hospital or inst. (yrs., or mos., or days) 2 years  
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Mt. Airy Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. Prospect Road  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR \_\_\_\_\_

3. (a) FULL NAME  
SUSAN E. NORWOOD

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife John T. Norwood of M.

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 23, 1876

8. AGE: Years 68 Months 7 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co. Maryland  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Runkles

13. Birthplace Maryland

MOTHER 14. Maiden name Emily Van Sant

15. Birthplace Maryland

16. Informant Mr. John T. Norwood of M.

Address Mt. Airy, Md.

17. Burial Date thereof 4-21-45  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Prospect

Location near Mt. Airy, Frederick Co. Md.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. April 19 19 45 Charles A. Runkles  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 19 45, at 7:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 19 45 to April 17 19 45, and that I last saw him alive on April 17 19 45.

Immediate cause of death Cerebral Hemorrhage DURATION

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. M. Van Buren M. D. or other

Address Mt. Airy Md Date signed 4/18/45

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

RECEIVED

APR 27 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

03951

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Now long in above place of death? Since 6/11/43  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 6/11/43

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 424 N. Green St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

Harold Michael O'Neill

## 3. (b) Social Security Number

218-12-7453

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July 3, 1902  
 8. AGE: Years 42 Months 9 Days 3 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Boston, Mass.  
 (Town, county, and state)  
 10. Usual occupation Short order cook  
 11. Industry or business \_\_\_\_\_  
 12. Name Stephen J. O'Neill  
 13. Birthplace Ireland  
 14. Maiden name Helen Barrett  
 15. Birthplace Ireland  
 16. Informant Deceased

Address \_\_\_\_\_  
 17. Burial xxxxx Mt. Olivet Date thereof 4/9/45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery Washington, D. C.  
 Location W. W. Chambers Co.  
 18. Funeral director 517 - 11th St. S.E. Wash., D.C.  
 Address 4/6/45  
 19. (Date rec'd by registrar) \_\_\_\_\_ 19. \_\_\_\_\_ Registrar \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 19 45, at 8:30 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 19 43, to April 6 19 45, and that I last saw him alive on April 6 19 45.

Immediate cause of death Pulmonary Tuberculosis DURATION 2 Yrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn M. D. xxxxx  
 Address State Sanatorium, Md. Date signed 4/7/45

RECEIVED  
AUG 12 1945  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 3/20/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 3/20/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County \_\_\_\_\_  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2715 Mura St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_ ✓

### 3. (a) FULL NAME

Hugh Patrick O'Rourke

### 3. (b) Social Security Number

213-10-6079

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated  
6.(b) Name of ~~husband~~ or wife Catherine O'Rourke  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) January 24, 1898  
8. AGE: Years 47 Months 2 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Portsmouth, Va.  
(Town, county, and state)  
10. Usual occupation Machinist  
11. Industry or business \_\_\_\_\_  
12. Name Owen O'Rourke  
13. Birthplace Ireland  
14. Maiden name Ann ?  
15. Birthplace Portsmouth, Va. (?)

16. Informant Deceased  
Address \_\_\_\_\_

17. Burial Date thereof 4/25/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or repository Holy Redeemer  
Location Blair Rd., Baltimore, Md.  
18. Funeral director John C. Miller, Inc.  
Address 2435 E. Oliver St., Baltimore, Md.  
19. 4/23/45 19 \_\_\_\_\_  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 45 at 12:15 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 45 to April 22 19 45  
and that I last saw him alive on April 22 19 45

Immediate cause of death Pulmonary Tuberculosis  
DURATION 4 Mos.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_  
Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE J. B. Lynn M. D. or other \_\_\_\_\_  
Address State Sanatorium, Md. Date signed 4/23/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 30 1945  
BUREAU 'A'



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1952

## CERTIFICATE OF DEATH

03953

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 1/2 HourHospital, institution, or street address where death occurred:  
Frederick City HospitalHow long in hospital or institution? 3 1/2 Hour

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R.F.D.#4  
(If outside city or town limits, write RURAL and give nearest town)Street No. Sunnyside  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOYCE ANN PATTERSON

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 10, 1942  
6.(c) If alive, give age..... years

8. AGE: Years <u>2</u>	Months <u>7</u>	Days <u>25</u>	If less than one day ..... hrs. .... min.
---------------------------	--------------------	-------------------	--

9. Birthplace Nr. Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

## 11. Industry or business

12. Name Corp. Charles R. Patterson13. Birthplace Frederick County Maryland14. Maiden name Audrey Page15. Birthplace Frederick County Maryland16. Informant Mrs. Audrey PageAddress Frederick, Maryland R. F.D.#417. Burial Date thereof 4/8/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sunnyside CemeteryLocation Frederick, Maryland - R.F.D.#418. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7 April 19 45  
(Date rec'd by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 45 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 18..... 19.....  
and that I last saw him/her on April 5 19 45Immediate cause of death Second degree burn  
7 face & chest, trunk  
12 hrs.Due to 12 hrs.Due to Explosion of coal  
oil in wood stove

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4.5.45Where did injury occur? Sunnyside Cemetery, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Explosion of stove Injured at work? noSignature P. W. Bue Deputy Ex

23. SIGNATURE..... M. D. or other

Address Frederick, Md. Date signed 4.9.45

CERTIFICATE OF DEATH

RECEIVED

MAR 11 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03954

1. PLACE OF DEATH:  
 County Frederick  
 City Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 254 South Carroll Street  
 (If rural, give LOCATION)  
 2(a) If veteran, name war None

3. (a) FULL NAME  
JOSEPH W. PAZDERSKY

3. (b) Social Security Number  
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife Anna Mary Bittman  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) February 16, 1884  
 8. AGE: Years 61 Months 2 Days 8 If less than one day hrs. min.

9. Birthplace Czechoslovakia  
 (Town, county, and state)

10. Usual occupation Tailor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Franklin Freed

Address 254 S. Carroll St., Frederick, Md.

17. Burial Date thereof 4/27/45  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Frederick, Maryland

16. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26 April 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th, 1945 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1918 to April 24 1945 and that I last saw him alive on April 20 1945

Immediate cause of death Acute cardiac decompensation  
 Due to chronic myocarditis

DURATION

6 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Bann M. D.

Address Frederick, Maryland Date signed 4-25-45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF MAILING

RECEIVED  
APR 27 1945  
BUREAU V...

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred

3126 Thuid St.

How long in hospital or institution?

## 3. (a) FULL NAME

George W. Perry

## 3. (b) Social Security Number

NONE4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

Josephine Perry

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Sept. 23-1865

8. AGE:

Years

Months

Days

If less than one day

79017

hrs.

min.

9. Birthplace

Frederick, Frederick County Md  
(Town, county, and state)

10. Usual occupation

Barkeeper

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal of body)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. West Fourth St.  
(If rural, give LOCATION)2. (a) If veteran, name war NO

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1945, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 30 1945, to April 8 1945and that I last saw him alive on 7 1945

Immediate cause of death

Uremia

DURATION

4 daysDue to Chronic myocarditis 7 years7 Chronic pancreatitis and duodenitisDue to nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick, Md Date signed April 11, 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED

APR 16 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

## CERTIFICATE OF DEATH

03956  
Reg. Dist. No. 144

1. PLACE OF DEATH:  
County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war

3.(a) FULL NAME Estella Catharine Powell 3.(b) Social Security Number

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Single  
6.(b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) July 10, 1873  
8. AGE: Years 71 Months 9 Days 3 If less than one day  
.....hrs. ....min.

9. Birthplace Lewisstown, Md.  
(Town, county, and state)  
10. Usual occupation House work  
11. Industry or business Own home  
12. Name Lewis J. Powell  
13. Birthplace Frederick Co., Md.  
14. Maiden name Hannah C. Gough  
15. Birthplace Frederick Co., Md.  
16. Informant Miss Fannie B. Powell  
Address Thurmont, Md.

17. Burial, cremation, or removal (Which?) Burial Date thereof Dec. 15, 1945  
(month) (day) (year)  
Cemetery or crematory Utica  
near Lewisstown, Md.  
Location Powell & Hartzler  
18. Funeral director 2 Woodsboro, Md.  
Address

19. April 15, 1945 Anna M. Jones Registrar  
(Date rec'd by registrar) Paula S. S. S.

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1945 at 12:30 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 19, 1941 to Apr. 13, 1945  
and that I last saw her alive on Apr. 1, 1945

Immediate cause of death Pulmonary Tuberculosis DURATION 2 yrs.  
Due to  
Due to  
Other conditions Tuberculosis of the Lung 6 mos.  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE James H. Gray M.D. or other  
Address Thurmont, Md. Date signed 4/14/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



UNITED STATES DEPARTMENT OF JUSTICE

ATTORNEY GENERAL

RECEIVED

APR 21 1966

U.S. DEPARTMENT OF JUSTICE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

## CERTIFICATE OF DEATH

03958

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 12/14/43  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 12/14/43

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Mary T. Remak

## 3.(b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) April 22, 1918

## 8. AGE:

Years

Months

Days

If less than one day

261112

.....hrs. ....min.

9. Birthplace Swedland, Pa.

(Town, county, and state)

10. Usual occupation Student nurse

## 11. Industry or business

## FATHER

12. Name Andrew Remak13. Birthplace Austria Hungary

## MOTHER

14. Maiden name Susan Kovac15. Birthplace Austria Hungary18. Informant Deceased

Address

17. Rural Date thereof medical  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Transportation toNorristown, Pennsylvania18. Funeral director M. L. Creager & Son

Address

Thurmont, Maryland

19. 8/3/45  
 (Date rec'd by registrar)

19.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 19 45, at 12:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 14 19 43, to April 3 19 45  
 and that I last saw her alive on April 3 19 45

## Immediate cause of death

Pulmonary Tuberculosis  
Pulmonary Hemorrhage

## DURATION

16 Mos.  
Few Min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

M. D. HEM

Address State Sanatorium, Md. Date signed 4/3/45

RECEIVED

MAY 5 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1945

Elizabeth S. Hech

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

1945 at 7 0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 14 1945 to April 1 1945

and that I last saw him alive on March 30 1945

Immediate cause of death

DURATION

10470

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed April 3 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

RECEIVED  
APR 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-P

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38

Hospital, institution, or street address where death occurred:

709 North Maple Ave.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 709 North Maple Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

Charles Luther Russell

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Emma L. Greenfield7. Birth date of deceased (mo., day, yr.) July 9th 1893 8. AGE: Years 52 Months 8 Days 2 If less than one day9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation B.O.R.R. Machinist

11. Industry or business

12. Name Robert Russell13. Birthplace Virginia14. Maiden name Madora Wigginton15. Birthplace Virginia16. Informant Mrs Emma L RussellAddress 709 N Maple Ave Brunswick Md17. Burial Date thereof Apr 14-45  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Park HeightsLocation Brunswick Md.18. Funeral director PA Fritz & SonAddress Brunswick Md19. April 4 19 45 Brunswick Md  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 45 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 45 to April 11 19 45and that I last saw him alive on April 8 19 45Immediate cause of death Perforation of DURATION 6 moStomachDue to Stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Thurgood M.D. or otherAddress Brunswick Md Date signed April 11

RECEIVED

APR 24 1945

BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?... Lifetime  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?... 21 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 20 East Second Street  
(If rural, give LOCATION)  
2.(a) Is veteran, name war... 1918

### 3. (a) FULL NAME

ANNES OLIVIA SHULTZ

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or Charles Shultz

7. Birth date of deceased (mo., day, yr.) March 16 - 1953

8. AGE: Years 87 Months 0 Days 21 If less than one day hrs. min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business Home

12. Name George W. Webb

13. Birthplace Frederick Co. Md.

14. Maiden name Miriam Swallow

15. Birthplace Frederick Co., Md.

16. Informant Ernest G. Webb

Address 20 E. 2nd. St. - Frederick, Md.

17. Burial Date thereof April 9 - 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Central Cemetery

Location Mt. New London, Maryland

18. Funeral director C.E. Cline and Son

Address Frederick, Maryland

19. 9 April 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1945 at 12 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20, 1945, to April 7, 1945, and that I last saw her alive on April 7, 1945.

Immediate cause of death Cerebral Hemorrhage DURATION 14 days

Due to

Due to

Other conditions Acute dehydration heart 3 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Smith M.D. or other

Address Frederick, Md. Date signed 4-9-45

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Nature of disease

6. Name of physician

7. Name of funeral director

8. Name of registrar

9. Name of informant

10. Name of witness

11. Name of undertaker

12. Name of cemetery

13. Name of church

14. Name of minister

15. Name of sexton

16. Name of sexton

17. Name of sexton

18. Name of sexton

19. Name of sexton

20. Name of sexton

RECEIVED  
MAR 11 1945  
BUREAU V.S.

Mr. H. M. Lee, Smith

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 372

## CERTIFICATE OF DEATH

Reg. Dist. No. 03962 137

1. PLACE OF DEATH: Frederick  
 County Rural--Linganore  
 City or town 15 years  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Rural--Linganore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.D. Mt. Airy  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war:

3. (a) FULL NAME

JOHN A. SMITH

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Sarah K. Smith  
 6. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) May 18, 1877  
 8. AGE: Years 67 Months 10 Days 18 If less than one day  
 ... hrs. ... min.

9. Birthplace Frederick Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation Farm Laborer

11. Industry or business  
 12. Name Jacob A. Smith  
 13. Birthplace Maryland  
 14. Maiden name Jeseytiney Whitmore  
 15. Birthplace Maryland

16. Informant Mrs. Sarah K. Smith  
 Address R.D. Mt. Airy, Md.

17. Burial Burial Date thereof 4--9--45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Locust Grove  
 Location near Woodville, Frederick Co. Md

18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. 4/7 1945 W. A. Curfman  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH April 6 1945 at 10 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1939 to April 6 1945  
 and that I last saw him alive on April 3 1945

Immediate cause of death Paralytic Agitation  
 DURATION 10 yrs.

Due to  
 Due to  
 Other conditions Acute bronchitis  
 (Include pregnancy within 3 months of death)  
 2 mos.

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Emmett A. Roop, Md. M. D. or other  
 Address New Market, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED  
MAY 1 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County... FrederickCity or town... Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 66 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD. County... FrederickCity or town... Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Bertha E. Stine

## 3. (b) Social Security Number

no4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife... Charles E. Stine7. Birth date of deceased (mo., day, yr.) August 17, 18788. AGE: Years 66 Months 7 Days 13 If less than one day .....9. Birthplace Middletown, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business .....

12. Name Thomas P. Stine13. Birthplace Middletown, Md.14. Maiden name Mary Carty15. Birthplace Middletown, Md.16. Informant Charles E. StineAddress Middletown, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 5-4-45  
(month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Gl. Hill Co.Address Middletown, Md.19. May 4 19 45 Marie Skelton  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 30 19 45 at 11:40 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 42 to Apr 30 19 45and that I last saw her alive on Apr 25 19 45Immediate cause of death... Coronary Occlusion

Due to... ..

Due to... ..

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations... ..

Date of op. ....

Autopsy results... ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... .. Date of .....

Where did injury occur? road (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury... .. Injured at work?

23. SIGNATURE J E Harp MDAddress Middletown Date signed 5-1-45

M. D. or other

RECEIVED  
MAY 7 1945  
BUREAU T.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

Evidence for change of age is shown on

FILM No. G 9 4 MAY 16 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ---

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ---

### 3. (a) FULL NAME

Lewis Thomas

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Missouri County ---

City or town Mio  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ---  
(If rural, give LOCATION)

2. (a) If veteran, name war --- ☒

### 3. (b) Social Security Number

373-77-011

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) June 6 1919 6. (c) If alive, give age --- years

8. AGE: Years Months Days If less than one day  
25 24 10 17 --- hrs. --- min.

9. Birthplace Stanton N. D.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Edward Russell Thomas

13. Birthplace Kansas

14. Maiden name ---

15. Birthplace Chicago, Ill.

16. Informant

Address

17. Burial Date thereof April 26-1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Nevada Missouri

18. Funeral director M. S. Creager & Son

Address Sherrmont - Maryland

19. 26 April 19 45 Lucian A. Falconer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 45, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

--- 19 --- to --- 19 ---  
and that I last saw him and on April 24 19 45

Immediate cause of death Multiple skull fractures - fracture of neck - laceration of throat  
Due to auto.

DURATION

2 minutes

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of April 24 19 45

Where did injury occur? Place #4 Frederick Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route U.S. #40

Means of injury auto accident Injured at work? undetermined

23. SIGNATURE R. W. Bow Deputy Med Examiner

M. D. or other

Address Frederick, Md Date signed ---



RECEIVED  
MAY 10 1945  
BUREAU V.B.

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<b>1. PLACE OF DEATH</b> County <u>Frederick</u> City or town <u>Libertytown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>10 yrs.</u> Hospital, institution, or street address where death occurred:  How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Libertytown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war					
<b>3. (a) FULL NAME</b> <u>Ephraim Abraham Tucker</u>				<b>3. (b) Social Security Number</b>					
<b>4. Sex</b> <u>M.</u>		<b>5. Color or race</b> <u>Colored</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Feb. 2, 1884</u>						<b>2D. DATE OF DEATH</b> <u>April 13, 1945</u> at <u>3:30 A.M.</u>		<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Apr. 11, 1945</u> to <u>Apr. 13, 1945</u> and that I last saw him alive on <u>Apr. 11, 1945</u>	
<b>8. AGE:</b> Years <u>61</u> Months <u>2</u> Days <u>11</u> If less than one day hrs. min.		<b>9. Birthplace</b> <u>near Libertytown Md.</u> (Town, county, and state)		<b>10. Usual occupation</b> <u>laborer</u>		<b>Immediate cause of death</b> <u>Heart failure</u>		<b>DURATION</b> <u>Unknown</u>	
<b>11. Industry or business</b> <u>Farm work</u>		<b>12. Name</b> <u>Unknown</u>		<b>13. Birthplace</b>		<b>Due to</b> <u>Arteriosclerosis</u>		<b>Other conditions</b>	
<b>14. Maiden name</b> <u>Marcella Lewis Tucker</u>		<b>15. Birthplace</b> <u>Libertytown Md.</u>		<b>16. Informant</b> <u>Mrs. Marie H. Tucker</u> Address <u>Libertytown Md.</u>		<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		<b>23. SIGNATURE</b> <u>Dr. H. Beall, M.D.</u> Address <u>Libertytown</u> Date signed <u>4/13/45</u>	
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Date thereof <u>Apr. 15, 1945</u> (month) (day) (year) Cemetery or crematory <u>John Wesley</u> Location <u>Libertytown Md.</u> <u>Road &amp; Hartzler</u>		<b>18. Funeral director</b> <u>Woodboro</u> Address <u>Libertytown Md.</u>		<b>19. (Date rec'd by registrar)</b> <u>Apr 15, 1945</u> Registrar <u>M. P. Pugh</u>		<b>20. Major findings of operations</b> Date of op.		<b>24. PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.	

RECEIVED IN THE OFFICE OF THE CHIEF OF BUREAU

DEPARTMENT OF JUSTICE

RECEIVED

MAY 1 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

03966

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal; which)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1945

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

1945, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 4/10/45

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03967

134

## 1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg, Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36 days

Hospital, institution, or street address where death occurred:

343 East Main St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Kennett  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Ann Walter

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Robert B. Walter5. (c) If alive, give age 85 years

7. Birth date of

deceased (mo., day, yr.)

Oct. 2, 1876

8. AGE:

Years

Months

Days

If less than one day

68621

hrs.

min.

9. Birthplace New York

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

----- Vaughn

15. Birthplace

Unknown16. Informant Robert B. WalterAddress Emmitsburg, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr. 26, 1945  
(month) (day) (year)Cemetery or crematory St. Josephs Catholic CemeteryLocation Emmitsburg, Md.

18. Funeral director

S. H. Allison

Address

Emmitsburg, Md.19. April 24 19 45  
(Date rec'd by registrar)M. F. Shuff  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 28 19 45 at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 19 45 to April 23 19 45

and that I last saw him alive on

April 23 19 45

Immediate cause of death

Adenocarcinoma neck

DURATION

8 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

W. K. Cagle MD.  
Emmitsburg, Md. Date signed 4-24-45

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED AT BUREAU

RECEIVED  
MAY 2 1945  
BUREAU V. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-7

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 800 North Market Street

(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

DR. MELVIN EUGENE WATKINS

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Mary Stull7. Birth date of deceased (mo., day, yr.) May 24, 18798. (c) If alive, give age 55 years

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>7</u>	..... hrs. .... min.

9. Birthplace Nr. Clarksburg-Montgomery Md.  
 (Town, county, and state)10. Usual occupation Optician

## 11. Industry or business

FATHER	12. Name <u>Oliver Watkins</u>
	13. Birthplace <u>Montgomery County Maryland</u>

MOTHER	14. Maiden name <u>Emma Lewis</u>
	15. Birthplace <u>Montgomery County Maryland</u>

18. Informant Mrs. Mary S. Watkins  
 Address 800 N. Market St., Frederick, Md.17. Entombment 4/4/45  
 (Cremation, or removal, or removal, which?)  
 Date thereof (month) (day) (year)  
 Cemetery or crematory Frederick Memorial Cloister  
 Location Frederick, Maryland19. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland19. April 19 45 Elizabeth H. Heck  
 (Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st, 1945 at 9:15A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb. 25th, 1945 to Apr. 1st, 1945  
 and that I last saw him alive on Mar. 31st, 1945Immediate cause of death Cerebral thrombosis DURATION 5 wkDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert S. Lyman M.D. or otherAddress Frederick, Maryland Date signed 4-2-45

RECEIVED

APR 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Diat. No. 03969 141

1. PLACE OF DEATH: *Fredrick*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *46 yrs*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? *-*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants, give residence of mother)  
 State.....*Maryland* County.....*Fredrick*  
 City or town.....*Brownsville*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....*No.*

3. (a) FULL NAME *Lloyd Andrew Webber*

3. (b) Social Security Number

4. Sex *male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....*Annie Elizabeth Porter*

7. Birth date of deceased (mo., day, yr.) *Dec. 17, 1888* 6. (c) If alive, give age.....*44* years

8. AGE: Years *46* Months *3* Days *29* If less than one day.....hrs. ....min.

9. Birthplace.....*Maryland*  
 (Town, county, and state)

10. Usual occupation.....*B & O R. R. Painter*

11. Industry or business

12. Name.....*Henry A. Webber*

13. Birthplace.....*Maryland*

14. Maiden name.....*Mary E. Bidewer*

15. Birthplace.....*Maryland*

16. Informant.....*Mrs. Lloyd A. Webber*  
 Address.....*Brownsville Md*

17. *Burial* Date thereof.....*April 22, 45*  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory.....*Reformed*  
 Location.....*Brownsville Md*

18. Funeral director.....*C. H. Felt & Bro*  
 Address.....*Brownsville Md*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH.....*April 16* 19.....*45* at.....*11:30 P*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 and that I last saw him.....*had died* on.....*April 17* 19.....*45*

Immediate cause of death.....*coronary occlusion*

Due to.....*Brownsville Md*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE.....*Rev. Jan* M. D. or other  
 Address.....*Fredrick* Date signed.....*4.17.45*

RECEIVED

APR 24 1945

BUREAU U.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick

City or town... Braddock Heights  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs.  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Braddock Heights  
(If outside city or town limits, write RURAL and give nearest town)Street No... 5 miles East of Braddock  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

ISABEL HALL WIGHTMAN

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

John R. Wightman

## 7. Birth date of deceased (mo., day, yr.)

September 8- 1957

## 6. (c) If alive, give age... years

## 8. AGE:

Years

Months

Days

If less than one day

87

6

26

hrs.

min.

## 9. Birthplace

Middle Village- Long Island  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER

## 12. Name

Robert C. Hall

## 13. Birthplace

Baltimore, Md.

MOTHER

## 14. Maiden name

Mary Rebecca Cunningham

## 15. Birthplace

Frederick County, Md.

## 16. Informant

Miss Elizabeth Hall

## Address

Braddock Heights, Md.

## 17.

Burial

## Date thereof

April 5-1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Greenmount Cemetery

## Location

Baltimore, Maryland

## 18. Funeral director

C.E. Cline and Son

## Address

Frederick, Md.

## 19.

4 April 1945  
(Date received by registrar)

Elizabeth Y. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 3rd. 1945 at 11:45a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 1944 to April 3 1945  
and that last saw him alive on April 3 1945

## Immediate cause of death

Coronary thrombosis

## DURATION

2 days

## Due to

## Due to

Arteriosclerosis

5 years

## Other conditions

Myocardial Infarction

(Include pregnancy within 8 months of death)

## Major findings of operations

None

## Date of op.

## Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

A. Austin Jones M.D.

M. D. &amp; other

Address... Frederick, Md. Date signed 4/4/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 6 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03971

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
17 East Patrick Street  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 17 East Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

MARGARET REBECCA WILCOXON

## 3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) July 4, 1871 6.(c) If alive, give age - years

8. AGE: Years 73 Months 9 Days 21 If less than one day - hrs. - min.

9. Birthplace Frederick, Frederick Co., Maryland  
 (Town, county, and state)

10. Usual occupation Retired Dry Goods Clerk11. Industry or business None12. Name Dufus H. Wilcoxon13. Birthplace Frederick, Maryland14. Maiden name Annor V. McLane15. Birthplace Frederick, Maryland16. Informant Mrs. John H. ChurchAddress Frederick, Maryland17. Burial Date thereof April 28, 1945

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director G. E. Cline & SonAddress Frederick, Maryland

19. 27-April 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1945 at 6:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1945 to April 25, 1945and that I last saw him alive on April 25, 1945Immediate cause of death Carcinoma of Breast (L)Due to with metastasesDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. -Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Arthur Chase M.D.Address Frederick, Md. Date signed 4/27/45



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APR 28 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 4/2/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 4/2/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince George  
 City or town College Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (u) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James Wood

## 3. (b) Social Security Number

?

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) October 15, 1873 (?)  
 8. AGE: Years 71 Months 6 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)

10. Usual occupation None

## 11. Industry or business

12. Name William Wood

13. Birthplace Virginia

14. Maiden name Margaret ?

15. Birthplace Virginia

16. Informant Deceased

## Address

17. Burial Date thereof 4/26/45  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery Woodbine

Location Harrisonburg, Virginia

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. 4/21/85 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 21 19 45, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 45, to April 21 19 45, and that I last saw him alive on April 21 19 45.

Immediate cause of death Pulmonary Tuberculosis DURATION Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn M. D. of MD

Address State Sanatorium, Md. Date signed 4/23/45

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STATE OF TEXAS

RECEIVED

MAY 5 1945

BURFALL, TEXAS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03973

138

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Near Ridgeville, Route 40  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5 N. Wolfe St.  
 (If rural, give LOCATION)

2(a) If veteran, name war none

## 3. (a) FULL NAME

Henry  
Wilbur H. Wright

## 3. (b) Social Security Number

235-12-4422

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Florence Patterson

7. Birth date of 24 years  
 deceased (mo., day, yr.) March 30, 1919

8. AGE: Years 26 Months 0 Days 21 If less than one day  
 .....hrs. ....min.

9. Birthplace Calrksburg, Harrison, W. Va.  
 (Town, county, and state)

## 10. Usual occupation

Welder

## 11. Industry or business

12. Name Zina Elden Wright  
 13. Birthplace Bourber Co., W. Va.

14. Maiden name Ella Everson Wright,  
 15. Birthplace Morgantown, W. Va.

16. Informant Mr. Z. E. Wright,  
224 Chester St., Balto., Md.  
 Address

17. RUXIXI Removal Date thereof 4/25/45  
 (Burial, cremation, or removal, Widow) (month) (day) (year)

Cemetery or crematory Clarksburg, W. Va.  
 Location

18. Funeral director M. R. Etchison & Son,  
Frederick, Md.  
 Address

19. 24 April 19 45 Lucian H. Fakorn  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 45 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on April 24 19 45

## Immediate cause of death

Fracture of skull  
Fracture of left femur  
Stroke, hemorrhage

## DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4.24.45

Where did injury occur? Home #4 Frederick Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route U.S. #40

Means of Injury Auto accident Injured at work? no

23. SIGNATURE

P. W. Bow  
Frederick, Md. M. D. or other  
 Address Date signed 4.24.45

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MAY 3 1945  
BUREAU V.S.